

## Norridge Police Department

### Accident Review Board

Date assigned	Member	Present	Excused	Unexcused
5/1/2003	Sgt. Orlando	x		
7/15/2016	Cpl. Wendt	x		
12/1/2012	Off. Turano	x		
5/1/2003	Off. Malicki		vacation	

Review Date: 07/31/2016

M/V Crash: 16-08440

Officer: Z. Zage #10

Squad #526

#### 1. Classification I.

- a. The incident was NON-PREVENTABLE and the employee was not at fault. Caution was apparently exercised.
- b. The employee was legally parked or standing.
- c. The employee was aware of the impending hazard, was alert to the consequences and skillful in minimizing the effect of the hazard.
- d. In incidents the board resolves to be Classification I, no disciplinary action will be taken.

#### 2. Classification II.

- a. The employee failed to exercise reasonable and due care.
- b. The employee deviated inexcusably from Dept. Rules and Regulations, Procedures and/or General Safety Practices.
- c. In incidents the board resolves to be Classification II, disciplinary action recommended may be:
  - (i) For the very first incident of record for the employee in a rolling 24 month period, a letter of reprimand will be issued and attendance and successful completion of a "Defensive Driving Course may be ordered. Only one letter of reprimand may be issued during the 24 month period in which the incident occurred.
  - (ii) For a second Classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.
  - (iii) For a third Classification II finding by the board in a 24 month period, a 3 day suspension without pay shall be imposed.

Recommendation: The board unanimously agreed on 1a. The following reasons will supplement our finding.

1. Off. Zage was responding to an on view crime in progress.
2. The emergency lights were activated on squad #526.
3. All traffic had stopped to yield to #526 except vehicle #1.

# ILLINOIS CRASH REPORT

Sheet 1 of 1 Sheets

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	2	1	9	1	VEID	1	1	LIGHT	COLL	MANV	PPA	PPL
U1	U2			8	U1	U2	U1	U2	U1	U2	1	15	U1	U2	8	99	9



\*P0113\*



\*U130288881\*

INVESTIGATING AGENCY <b>NORRIDGE</b>	DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input checked="" type="checkbox"/> OVER \$1,500	TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED	<input checked="" type="checkbox"/> No Injury / Drive Away <input type="checkbox"/> Injury and / or Tow Due To Crash	AGENCY CRASH REPORT NO. 16 08440	TRFW 2
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ADDRESS NO.	HIGHWAY or STREET NAME <b>CUMBERLAND</b>	CITY <b>NORRIDGE</b>	TOWNSHIP	INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DATE OF CRASH 07/29/16	TIME 5:38 PM	LARS CODE	VEHT U1 1
(CIRCLE) FT / MI N E S W <input checked="" type="checkbox"/> AT INTERSECTION WITH	(CIRCLE) <b>WILSON</b>	COUNTY <b>COOK</b>		PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	NUMBER MOTOR VEHICLES INVLD 2	LARS CODE	U2 1

NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> N/W <input type="checkbox"/> N/O <b>JOHNSON, JAMES A</b>	DATE OF BIRTH mo day yr M 2 4	MAKE <b>SAAB</b>	MODEL <b>900</b>	YEAR <b>97</b>	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT <b>01</b>	TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	CELLPHONE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	EXCEED SPEED LIMIT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	NOLANES 0
STREET ADDRESS [REDACTED]	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> AIR	PLATE NO. [REDACTED]	STATE <b>IL</b>	YEAR <b>16</b>							ALGN 1
CITY <b>NORRIDGE</b>	STATE <b>IL</b>	ZIP [REDACTED]	INJURY 0	EJECT 1	VIN [REDACTED]						RSUR 2
TELEPHONE 847 [REDACTED]	DRIVER LICENSE NO. [REDACTED]	STATE <b>IL</b>	CLASS <b>DM</b>	VEHICLE OWNER (LAST, FIRST MI) <b>SAMIE</b>	INSURANCE CO. <b>ALLSTATE</b>						VEHU 2
TAKEN TO <b>N/A</b>	EMS AGENCY <b>N/A</b>	OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]		TELEPHONE [REDACTED]	POLICY NO. [REDACTED]						U1 2

NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> N/W <input type="checkbox"/> N/O <b>ZAGE, ZACH</b>	DATE OF BIRTH mo day yr M 2 4	MAKE <b>FORD</b>	MODEL <b>CROWN VIC</b>	YEAR <b>11</b>	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT <b>02</b>	TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	CELLPHONE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	EXCEED SPEED LIMIT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U2 6
STREET ADDRESS <b>4020 N. OLCOTT</b>	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> AIR	PLATE NO. <b>7ILLMP</b>	STATE <b>IL</b>	YEAR <b>—</b>							RDEF 1
CITY <b>NORRIDGE</b>	STATE <b>IL</b>	ZIP <b>60706</b>	INJURY 0	EJECT 1	VIN <b>2FABP7BV3BX104434</b>						BAC 96
TELEPHONE <b>708 453 4770</b>	DRIVER LICENSE NO. [REDACTED]	STATE <b>IL</b>	CLASS <b>D</b>	VEHICLE OWNER (LAST, FIRST MI) <b>VILLAGE OF NORRIDGE</b>	INSURANCE CO. <b>METROW INSURANCE</b>						U1 96
TAKEN TO	EMS AGENCY	OWNER ADDRESS (STREET, CITY, STATE, ZIP) <b>4000 N. OLCOTT NORRIDGE IL</b>		TELEPHONE <b>908 453 0800</b>	POLICY NO. <b>BGA3.005403</b>						U2 96

UNIT	SEAT	DOB	SEX	SAFT	AIR	INJ	EJECT	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
2	3	[REDACTED]	M	2	4	0	1	[REDACTED]		
		11								
		11								
		11								
		11								

EVNO	MOST	EVNT	LOC	DAMAGED PROPERTY OWNER NAME <b>VILLAGE OF NORRIDGE</b>	DAMAGED PROPERTY <b>SQUAD CAR</b>	CONTRIBUTORY CAUSE(S) PRIMARY <b>02</b>	POSTED SPEED LIMIT <b>35</b>	DID CRASH OCCUR IN A WORK ZONE? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
1	1	1	1	PROPERTY OWNER ADDRESS <b>4000 N. OLCOTT</b>	CITY <b>NORRIDGE</b>	STATE <b>IL</b>	ZIP <b>60706</b>	IF YES CHECK ONE BELOW: <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> UTILITY <input type="checkbox"/> UNKNOWN WORK ZONE TYPE
2				ARREST NAME <b>JOHNSON, JAMES A</b>	SECTION <b>11-907a1</b>	CITATION NO. <b>YB411297</b>	DATE POLICE NOTIFIED <b>07/29/16</b>	TIME NOTIFIED <b>5:38 PM</b>
3				ARREST NAME <b>JOHNSON, JAMES A</b>	SECTION <b>62-61</b>	CITATION NO. <b>YB411298</b>	COURT DATE <b>08/29/16</b>	COURT TIME <b>1:30 PM</b>
1	1	1	1	OFFICER ID <b>108</b>	SIGNATURE <i>[Signature]</i>	BEAT / DIST <b>2</b>	SUPERVISOR ID <b>109</b>	WORKERS PRESENT? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

Printed by authority of the State of Illinois

SR 1050 JANUARY 2013

U130288881

A Diagram and Narrative are required on all Type B crashes, even if units have been moved prior to the officer's arrival.

INDICATE NORTH  
BY ARROW

McDONALDS

## NARRATIVE (Refer to vehicle by Unit No.)

UNIT 1 WAS S/B CUMBERLAND PASSING WILSON. UNIT 2, WITH ITS EMERGENCY LIGHTS ACTIVATED, WAS TURNING W/B INTO A PRIVATE PARKING LOT. UNIT 1, WITH ITS FRONT BUMPER, STRUCK UNIT 2 CAUSING DAMAGE TO BOTH. NO INJURIES WERE REPORTED AT THE TIME OF THE CRASH. PER DEPARTMENT POLICY, DRIVER AND PASSENGER OF UNIT 2 WERE REQUIRED TO SEEK MEDICAL ATTENTION.

LOCAL USE ONLY

U1 Color

BLK

U2 Color

BLK

U1 Towed by / to

N/A

U2 Towed by / to

N/A

## COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A  
ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME

ADDRESS

CITY/STATE/ZIP

USDOT NO.

ILCC NO.

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR)

Were HAZMAT placards displayed on the vehicle?

☐ Y ☐ N

If yes, name on placard

4-digit UN no.

1-digit Hazard Class no.

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? ☐ Y ☐ N ☐ UNKDid HAZMAT Regulations violation contribute to the crash? ☐ Y ☐ N ☐ UNKDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash? ☐ Y ☐ N ☐ UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ NMCS ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ N

Form No.

IDOT PERMIT NO.

WIDE LOAD? ☐ Y ☐ N

TRAILER WIDTH(S): 0-96"

97-102"

&gt;102"

TRAILER 1 ☐☐☐TRAILER 2 ☐☐☐

TRAILER LENGTH(S): 1 \_\_\_\_\_ ft

TRAILER 2 \_\_\_\_\_ ft

TOTAL VEHICLE LENGTH \_\_\_\_\_ ft

NO. OF AXLES \_\_\_\_\_

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION

CARGO BODY TYPE

LOAD TYPE